

A statewide committee appointed by the Director of the Department of Health and Welfare "to provide counsel to the Department in administering the EMS Act"



A request was made to the Board of Medicine by a hospital to declare whether current Board of Medicine rule allows EMT's to be employed by a hospital, performing the duties allowed within their respective scope of practice. Bruce Cheeseman, Certification and Licensure coordinator presented information to EMSAC on this emerging issue with the possible

Meeting Dates

- EMS for Children Mar 12, 2003
Best Western Vista, 2645 Airport Road, Boise, ID
- EMSAC, Mar 13, 2003
Best Western Vista, 2645 Airport Road, Boise, ID

Call your regional EMS office for Information

Volume 10, Issue 12

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Hospitals as EMS Affiliations

impact for EMS providers, EMS agencies and the EMS Bureau.

Discussion followed that included several diverse opinions. One opinion was that this should be left for each individual hospital to decide. It was also suggested that a hospital not be allowed to be the sole affiliation for an EMS provider, that they also maintain an EMS affiliation. Patient care experience in the hospital setting was acknowl-

edged as being valuable to the EMS provider with a limited number of EMS related patient contacts. It was also noted that military field medics commonly work within the hospital setting and nursing shortages nationwide may contribute to an evolving role for EMS providers in the hospital.

The challenge will be to assure hospital personnel understand the scope of practice of the EMS

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HRSA RURAL ACCESS TO EMERGENCY DEVICES

The EMSAC Grant Subcommittee reported on the progress of the EMS Bureau in creating a distribution plan for 131 AED's to be purchased with federal grant funds. The goal of this program is to place AED's in rural communities in Idaho and increase the number of people trained to use an AED.

The recommendation of the sub-committee was to award, at a mini-

mum, one AED per eligible county (43). The remaining 88 would then be awarded on a competitive basis to eligible applicants based on need. Applications will be sent out to Idaho EMS agencies, medical clinics and hospitals. Application information will be combined with actual cardiac arrest data by county from Patient Care Report forms to determine award recommendations.

The AED model that will be purchased is the

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Use of the Epi-Pen for Anaphylaxis by Idaho EMS Providers

A presentation by Tawni Newton covered information concerning possible changes to policy regarding use of the Epi-pen for anaphylaxis by Idaho EMS Providers. She explained that a group of concerned parents recently went before the Idaho Board of Medicine to express their desire to allow Idaho EMS providers to carry and administer epinephrine via an Epi-pen for patients experiencing severe allergic reactions. The auto-injector Epi-pen is available by prescription in both adult and pediatric doses.

The Board of Medicine made the declarative statement that "current rule allows all levels of EMS to provide care for allergic reactions and that care for allergic reactions should allow the administration of epinephrine by auto-injector if needed."

The Board of Medicine: "current rule allows all levels of EMS to provide care for allergic reactions and that care for allergic reactions should allow the administration of epinephrine by auto-injector if needed."

It is acknowledged that the Board of Medicine declared it is within the scope of practice for EMS providers to administer epinephrine. In accordance with the EMT-B and AEMT-A National Standard Curriculum (NSC) and by Idaho EMS



policy, this has previously been applied only if the patient has been prescribed an Epi-pen and had it with them. The EMS Bureau is in the process of creating an implementation plan for the EMT-B and AEMT-A for use when the EMS provider carries the Epi-pen. This will include standards for training, objectives for medical direction, administration guidelines, agency acquisition, drug storage and rotation, minimum equip-

ment and sharps disposal. At this time, neither the EMT-B nor AEMT-A National Standard Curriculum contains any training standards in regard to carrying and administering EMS supplied epinephrine. This training module is necessary since EMS personnel must also comply with Board of Medicine rule IDAPA 22.011.01e, stating "EMS personnel may not perform a task or tasks beyond their competence or training."

The EMS Bureau has asked the Board of Medicine to clarify their intent for the FR who has no previous training in assisting with Epi-pen administration. If included, a separate training module and policy for the FR will be developed.

Further EMSAC discussion suggested limiting this skill to agencies with medical directors only. More information will be distributed to affected EMS agencies following the 03 legislative session.

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Hospitals as EMS Affiliations
provider levels and have a mechanism for physician supervision.

Because of the complexities of this topic, no final recommendation was made. A motion was passed to create a task force to address this issue.

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HRSA Access to Emergency Devices

AccessAED, manufactured by Access Cardio Systems. It will include 2 sets of electrodes, 2 data cards, and an internal training feature, which converts the model into a trainer. Training pads and 1 extra battery will also be included. Total price will be \$1411.

A requirement of the bid specifications included a price guarantee for all EMS

agencies, rural hospitals, medical clinics and state or local governmental agencies in Idaho to be able to purchase the same model at the same price for a period of one-year following the award. This price and AED description may also be used in your equipment requests in the upcoming Dedicated Grant cycle. Interested agencies may contract their regional consultant for vendor contact information.

EMSAC Sub-Committee Reports

EMS-C

The EMS-Children task force will be meeting semi-annually beginning in March. Boni Carrell distributed the "Idaho Child Mortality Review Team Report", 1999.

LICENSURE

The new chairperson is Warren Larsen.

Air St. Luke's ALS Transport was upgraded from Provisional to Approved

The City of Fruitland

ALS Transport Initial Agency Licensure was Approved

Timberlake Non-Transport received an upgrade to ILS. Approved is contingent upon receiving a copy of their protocols.

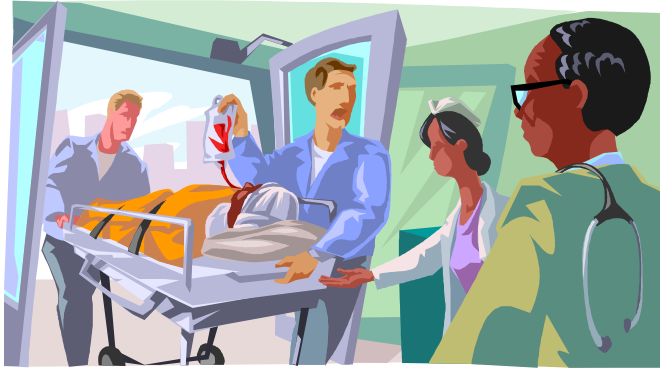
MEDICAL DIRECTION

The Medical Director Job Description is currently under revision. A Medical Directors Course repeat is being considered and the committee reviewed sample administrative Protocols submitted by Dr. Jeff Keller.

A survey of EMS Providers regarding experiences with on-line medical direction will be distributed to all EMS Providers. "Protection from Discoverability" for

records utilized in run reviews continues to be a priority.

The EMS Bureau has addressed a request to provide on-line medical direction resources through State Comm to agencies that are unable to obtain on-line medical direction.



TRAUMA REGISTRY

The Trauma Registry Advisory Committee held the 1st meeting on October 18, 2002.

GRANTS

An associated article describes the Rural Access to Emergency Devices Grant AED distribution.

EDUCATION

A protocol revisions project is still in progress.

An EMT-B High School Curriculum was presented by Dennis Patterson.

The next EMT-I Task Force Meeting is scheduled for Jan 30.

Task Force

MEMBERSHIP

A recommendation was made to keep the same number of seats and reevaluate membership seats in 1 year. The committee also suggested that E-mail addresses of representatives of EMSAC should appear in the newsletter so they can be contacted easily.

Presentations

Webex Demonstration by John Cramer

A new tool has been used successfully by the EMS Bureau to host on line meetings where all participants are joined by audio teleconference as well as internet connection. The Webex meeting coordinator controls the screen and all viewers can see any document, spreadsheet or web page posted on the screen. There is an area on screen where questions and comments can be posted for all to see, and on line surveys may be initiated, scored and tabulated by the host. Webex can be set up for sub-committees, task forces or to host other educational meetings.

Emergency Medical Services

P.O. Box 83720
Boise, ID 83720-0036

RETURN SERVICE REQUESTED



Mailing Address Line 1
Mailing Address Line 2
Mailing Address Line 3
Mailing Address Line 4
Mailing Address Line 5

EMS Bureau Regional Offices

*North—Gary Brookshire
(208) 769-1585
North Central—Dean Neufeld
(208) 799-4390
Southwest—Doug Carrell
(208) 334-4633
South Central—Andy Edgar
(208) 736-2162
East—Scott Gruwell
(208) 525-7047*

EMSAC Membership

NAME	REPRESENTING	E-MAIL ADDRESS
Vicki Armbruster, Challis	Volunteer Third Service	ambulance@custertel.net
Stephen Bastian, Preston	Advanced EMT-A	Sebastian0437@aol.com
David Christiansen, M.D.	American Academy of Pediatrics	christed@slrmc.org
Randy Cordle, M.D.	Pediatric Emergency Medicine	eagleeye1@cableone.net
Merrill Cornelius, Malad	EMT-Basic	merrill.cornelius@idpreston.fsc.usda.gov
Dean Ellis, Idaho Falls	Idaho Fire Chiefs Association	dellis@ci.idaho-falls.id.us
Jeff Furner, Meridian	Career Third Service	JeffFurner@earthlink.net
Hal Gamett, Rigby	Fire Department Non-Transport	hrg2@inel.gov
Hal Iverson, Nampa	Air Medical	iversh@slrmc.org
Karen Kellie, McCall	Idaho Hospital Association	kkellie@mccallhosp.org
Mary Ellen Kelly, Meridian	State Board of Nursing	mek1271@msn.com
David Kim, M.D.	American College of Emergency Physicians	dtk6@cornell.edu
Robert Korn, M.D., PhD	American College of Surgeons	
Jim Kozak, Dalton Gardens	Paramedic	medikoz@aol.com
Robert Larsen, Kellogg	Private Agency	rlarsen@shoshonefd2.com
Warren Larson, Burley	EMS Instructor	wjl@idahoems.com
Mary Leonard	State Board of Medicine	mleonard@bom.state.id.us
Krista Merrill, Gooding	County Ems Administrator	gcems@northrim.net
Robert Monteith, Cataldo	Third Service Non-Transport	bmonteith@shoshonefd2.com
Ethel Peck, Challis	Idaho Association of Counties	custerc@custertel.net
William Pyron, Hansen	Consumer	WJPyron@RMCI.Net
Murry Sturkie, D.O., Meridian	Idaho Medical Association	emsdoc@cableone.net

EMSAC Members may also be contacted through the State EMS Office (208) 334-4000